

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00486845		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee League of Conservation Voters, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1920 L St NW Ste 800			Amount 402.55		
City Washington State DC Zip Code 20036-5045		Transaction ID : E16FDA10F3E6C40CEA27 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Staff and Email for Online Message		Category/Type			
Name of Federal Candidate Thom R Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
4973834.87					
Full Name of Payee Mack-Sumner Communications, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 2001 N Beauregard St Ste 420			Amount 3581.68		
City Alexandria State VA Zip Code 22311-1750		Transaction ID : E35443470E4294D7EAFE Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure T-Shirts		Category/Type			
Name of Federal Candidate Sen. Kay R Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
4985504.31					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3984.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Patrick Collins</u>			Date 11 / 03 / 2014		

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 PAGE 2 OF 4
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NAME OF COMMITTEE (In Full) LCV Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00486845	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee League of Conservation Voters, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1920 L St NW Ste 800		Amount 1547.76	
City Washington	State DC	Zip Code 20036-5045	Transaction ID : EB25857EA9D754FFA849
Purpose of Expenditure Additional Staff Time for Field Canvass, 11/2-11/4		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sen. Kay R Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee League of Conservation Voters, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1920 L St NW Ste 800		Amount 500.00	
City Washington	State DC	Zip Code 20036-5045	Transaction ID : E1872E8BA988E49C1A17
Purpose of Expenditure ESTIMATE: Additional Staff Travel Costs, 11/2-11/4		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sen. Kay R Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1547.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Patrick Collins
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Date

 MM / DD / YYYY
11 / 03 / 2014

Signature

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PAGE	3	OF	4
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) LCV Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00486845	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee League of Conservation Voters, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1920 L St NW Ste 800		Amount 420.00	
City Washington	State DC	Zip Code 20036-5045	Transaction ID : EE59DED4CA2AA4ECFBD
Purpose of Expenditure ESTIMATE: Additional Staff Housing, 11/2-11/4		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sen. Kay R Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nexus Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 434 Fayetteville Street Two Hannover Square		Amount 5500.00	
City Raleigh	State NC	Zip Code 27601-1701	Transaction ID : E6532D924FD6040439C9
Purpose of Expenditure Communications Consulting		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sen. Kay R Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Patrick Collins

[Electronically Filed]

Date

MM / DD / YYYY
11 / 03 / 2014

Signature

NAME OF COMMITTEE (In Full) LCV Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00486845 </div>
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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee League of Conservation Voters, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 02 / 2014</div> </div>	
Mailing Address 1920 L St NW Ste 800		Amount <div> <div></div> <div>120.00</div> </div>	
City Washington	State DC	Zip Code 20036-5045	Transaction ID : E3D1D7BFA5371479891E Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure ESTIMATE: Staff Food and Gas Reimbursements, 11/2-11/4		Category/ Type	
Name of Federal Candidate Sen. Kay R Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>4985504.31</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount \$ _____	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	_____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	11031.99

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